Division of Health Care Facilities PRINTED: 02/06/2014 STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION FORM APPROVED (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X3) DATE SURVEY A BUILDING: 01 - MAIN BUILDING COMPLETED TN1934 B. WING NAME OF PROVIDER OR SUPPLIER 02/04/2014 STREET ADDRESS, CITY, STATE, ZIP CODE MCKENDREE VILLAGE INC 4347 LEBANON ROAD HERMITAGE, TN 37076 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX id Prefix REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X5) COMPLETE TAG DATE DEFICIENCY 1200-8-6-.08 (1) Building Standards N 831 N 831 (1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and N 831 1200-8-6.08 (1) BUILDING the overall nursing home environment in such a STANDARDS manner that the safety and well-being of the residents are assured. The facility has and will continue to maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents is assured. This Rule is not met as evidenced by: Based on observations, it was determined the On or before March 22, 2014, The Health facility failed to maintain the condition of the Center Maintenance staff will attend an in-3/22/14 nursing home environment. service. The In-service will be conducted by the Director of Facilities Management or The findings included: designee and will include: Review of the regulation Observation of the kitchen mop room revealed the door would not close within the door frame. Review of the statement of deficiency The finding was verified by the maintenance Review of the plan of director and acknowledged by the administrator correction during the exit conference. Ensuring mop room doors close within the frame as N 848 1200-8-6-.08 (18) Building Standards required N 848 The kitchen mop room door has been repaired (18) It shall be demonstrated through the and closes in to the frame as required. submission of plans and specifications that in each nursing home a negative air pressure shall be maintained in the soiled utility area, tollet Other mop rooms doors have been evaluated room, janitor 's closet, dishwashing and other to ensure they close within the frame as such soiled spaces, and a positive air pressure required. shall be maintained in all clean areas including, but not limited to, clean linen rooms and clean utility rooms. Beginning March 14, 2014 the Director of Facilities Management or designee will monitor for continued compliance through This Rule is not met as evidenced by: Based on testing, it was determined the facility ivision of Health Care Facilities 48 ORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVES SIGNATURE TITLE TATE FORM

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Division of Health Care Facilities STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION FORM APPROVED (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE GONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A BUILDING: 01 - MAIN BUILDING COMPLETED TN1934 B. WING NAME OF PROVIDER OR SUPPLIER 02/04/2014 STREET ADDRESS, CITY, STATE, 21P CODE MCKENDREE VILLAGE INC 4347 LEBANON ROAD HERMITAGE, TN 37076 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X5) COMPLETE TAG DEFICIENCY) N 831 1200-8-6-.08 (1) Building Standards N 831 (1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and Quality Improvement audits (See Attachment the overall nursing home environment in such a A-LIC) The audits will be completed weekly manner that the safety and well-being of the for one month and monthly for one quarter, residents are assured. The Administrator or designee will report to the QA/QI committee who will determine the frequency of further monitoring. This Rule is not met as evidenced by: Completion March 22, 2014 Based on observations, it was determined the facility failed to maintain the condition of the nursing home environment. The findings included: Observation of the kitchen mop room revealed the door would not close within the door frame. The finding was verified by the maintenance director and acknowledged by the administrator during the exit conference, N 848 1200-8-6-,08 (18) Building Standards N 848 (18) It shall be demonstrated through the submission of plans and specifications that in each nursing home a negative air pressure shall be maintained in the soiled utility area, toilet room, janitor 's closet, dishwashing and other such soiled spaces, and a positive air pressure shall be maintained in all clean areas including, but not limited to, clean linen rooms and clean utility rooms. This Rule is not met as evidenced by: Based on testing, it was determined the facility Division of Health Care Facilities ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE TATE FORM U68021 If continuation sheet 1 of 2

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Division of Health Care Facilities FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A BUILDING: 01 - MAIN BUILDING COMPLETED TN1934 B. WING NAME OF PROVIDER OR SUPPLIER 02/04/2014 STREET ADDRESS, CITY, STATE, ZIP CODE MCKENDREE VILLAGE INC 4347 LEBANON ROAD HERMITAGE, TN 37076 (X4).ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S FLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX (X5) COMPLETE TAG DATE DEFICIENCY) Continued From page 1 N 848 N 84B failed to maintain negative air pressure in a soiled utility room. The findings included: N 848 1200-8-6.08 (18) BUILDING STANDARDS Testing of the bio-hazard room adjacent to N-265 had positive air pressure. The facility has and will continue to maintain the negative air pressure in soiled utility The finding was verified by the maintenance areas. director and acknowledged by the administrator during the exit conference. On or before March 22, 2014, The Health Center Maintenance staff will attend an inservice. The In-service will be conducted by the Director of Facilities Management or designee and will include: 3/22/14 Review of the regulation Review of the statement of deficiency Review of the plan of correction Maintaining negative air pressure in soiled utility rooms The bio-hazard room adjacent to N-265 has been adjusted to ensure it has negative- air flow. Other soiled utility/bio hazard rooms in the Health Center have been evaluated to ensure they continue to have negative air pressure as required. Division of Health Care Facilities STATE FORM U6BQ21 If continuation sheet 2 of 2

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Division of Health Care Facilities STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION FORM APPROVED (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: 01 - MAIN BUILDING COMPLETED TN1934 B. WING NAME OF PROVIDER OR SUPPLIER 02/04/2014 STREET ADDRESS, CITY, STATE, ZIP CODE MCKENDREE VILLAGE INC 4347 LEBANON ROAD HERMITAGE, TN 37076 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (X4) ID PREPIX PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE ŤAG PREFIX (X5) COMPLETE DATE TAG N 848 Continued From page 1 DEFICIENCY) N 848 failed to maintain negative air pressure in a soiled utility room. Beginning March 14, 2014 the Director of Facilities Management or designee will The findings included: monitor for continued compliance through Quality Improvement audits.(See Attachment Testing of the bio-hazard room adjacent to N-265 A-LIC) The audits will be completed weekly had positive air pressure. for one month and monthly for one quarter. The Administrator or designee will report to The finding was verified by the maintenance the QA/QI committee who will determine the director and acknowledged by the administrator frequency of further monitoring. during the exit conference. Completion March 22, 2014 ivision of Health Care Facilities **TATE FORM** 6860 U6BO21 If continuation sheet 2 of 2